

investigative programs for the procurement, storage and distribution of granulocytes. This must be the next phase in the attack on leukemia.

Are there other clear directions for the future? The demonstration with L-asparaginase that there exists an exploitable biochemical difference between the normal and the leukemic cell has opened up a new vein of clinical therapy and research which has hardly been tapped. Even more exciting is the recent demonstration (1) that a component of deoxyribonucleic acid (DNA) synthesis of leukemic cells (but not of normal cells) may be directed by ribonucleic acid (RNA) rather than by the usual DNA primer—a demonstration that perhaps will etiologically implicate an RNA virus in human leukemia. The possibility of using antibiotics which specifically interrupt this RNA-directed sequence of DNA synthesis or of an anti-viral vaccine are now clearly within the realm of possibility.

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The Politicization of Health Care

THE POLITICIZATION OF HEALTH CARE, which was both predicted and feared, has come to pass. It is now all too evident in both State and Nation. Some argue that this is good, that health care is too important to be left to the professionals, to the health care industry, or even to the individual citizen, and that it is not only desirable but essential that its governance be a function of our political system. Others take an opposite position,

that it has yet to be demonstrated that government with its politics and bureaucracy can run anything economically or efficiently, let alone with the sensitivity and personalization which is so necessary in such a thing as the care of an individual who is sick or injured. But the large scale financial involvement of government and others in personal health care made politicization inevitable, with the result that the sick or injured patient, who by law or circumstance is locked into a politicized system of health care, often becomes a helpless and hapless victim of political conflict.

It is true that health, first in the sense of the absence of disease or infirmity and then in the sense of physical, emotional and social well-being, can be the grand accomplishment of any political system if this can be achieved for all its people. In the present battles over health care, one can see both the grandeur and the ineptness of a political system with lofty goals and far too little understanding of the complex ramifications of the problems to be solved. The tragedy is that the victims are more often than not the very persons or institutions the whole political effort is supposed to serve.

The politicization of health care will not go away. Nor will the hapless victims of its struggles. Nor will the concern of physicians with their patients. It is worth noting that at any one time the majority of voters are not sick, they are well; and therefore it is to the well, not the sick or injured, to whom the politicians will make their appeals. So it is essential that there be a strong advocate for the sick and injured, victims who themselves cannot be effective in the political arena. This is a natural and appropriate responsibility for physicians and the medical profession. The California Medical Association has properly assumed this role. It is to be congratulated. The formidable list of amici curiae who joined the recent CMA court action in behalf of Medi-Cal patients is both tangible and gratifying evidence of wide support for this important CMA action.